

City Council
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City of Long Beach



City Manager
Jack Schnirman

*Commissioner of
Parks & Recreation*
Robert A. Piazza

Recreation Department LONG BEACH RESIDENT RECREATION MEMBERSHIP

- **PROOF OF RESIDENCY** is required. Residents must show **two proofs of residency** such as a current utility bill and photo ID.
- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Steam Room & Showers.
- Please fill out all information below and return to Recreation Center, Magnolia Blvd. & W. Bay Drive, Long Beach
- Make checks payable to CITY OF LONG BEACH with proper identification, such as Driver's License. We now accept Credit/Debit Cards, Visa and Master Card only.
- Membership is non-transferable AND **non-refundable**.
- Please CHECK-IN AT FRONT DESK each time you come

>> PUT TELEPHONE NUMBER ON CHECK<<

ANNUAL FACILITY RATES

_____ Child	\$120.00
_____ Adult	\$200.00
_____ Couple	\$300.00
_____ Family Plan	\$375.00
_____ Senior Citizen	\$120.00
_____ Physically Challenged	\$120.00
_____ Swim Team Member	\$120.00

SEMI-ANNUAL FACILITY RATES

_____ Child	\$70.00
_____ Adult	\$110.00
_____ Couple	\$180.00
_____ Family Plan	\$210.00
_____ Senior Citizen	\$70.00
_____ Physically Challenged	\$70.00
_____ Swim Team Member	\$70.00

THREE MONTH FACILITY RATES

_____ Child	\$40.00
_____ Adult	\$60.00
_____ Couple	\$100.00
_____ Family Plan	\$120.00
_____ Senior Citizen	\$40.00
_____ Physically Challenged	\$40.00
_____ Swim Team Member	\$40.00

MONTHLY FACILITY RATES

_____ Child	\$15.00
_____ Adult	\$25.00
_____ Couple	\$40.00
_____ Family Plan	\$45.00
_____ Senior Citizen	\$15.00
_____ Physically Challenged	\$15.00
_____ Swim Team Member	\$15.00

[] I am a member of the 2013-2014 LB Recreation Aquatic Tigersharks Swim Team
and live in the LB City School District (Long Beach, Lido Beach, E. Atlantic Beach or Point Lookout).

*Can only purchase child pass, not eligible for Resident Family Pass.

(Please PRINT clearly and check desired membership)

NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

NAME (COUPLE) _____

DATE OF BIRTH (COUPLE) _____ AGE _____ SEX _____

STREET _____

CITY _____ ZIP _____ EMAIL _____

PHONE (day) _____ (night) _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE (day) _____ (night) _____

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____ POSTED _____

RESIDENT MEMBERSHIP APPLICATION

*FAMILY PASS INFORMATION

FAMILY NAME _____

1. First Name _____ **Age** _____ **DOB** _____

2. First Name _____ **Age** _____ **DOB** _____

3. First Name _____ **Age** _____ **DOB** _____

4. First Name _____ **Age** _____ **DOB** _____

5. First Name _____ **Age** _____ **DOB** _____

6. First Name _____ **Age** _____ **DOB** _____

7. First Name _____ **Age** _____ **DOB** _____

8. First Name _____ **Age** _____ **DOB** _____

9. First Name _____ **Age** _____ **DOB** _____

10. First Name _____ **Age** _____ **DOB** _____

* Family Pass includes Parents and children 17 and under residing at the same address.

RECEIPT # _____ **DATE** _____ **STAFF** _____